



DEPARTMENT OF THE NAVY

NAVAL AIR STATION OCEANA
VIRGINIA BEACH, VIRGINIA 23460-5120

IN REPLY REFER TO:

NASOCEANAINST 12630.3B
10

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NAS OCEANA INSTRUCTION 12630.3B

Subj: DEPARTMENT OF THE NAVY (DoN) VOLUNTARY LEAVE TRANSFER PROGRAM

Ref: (a) 5 CFR 630.901 of 1 Jan 97
(b) OCPM Instruction 12630.2A of 29 Jun 90
(c) Human Resources Office Manual, Chapter 630

Encl: (1) Leave Recipient Application Under the Voluntary Leave Transfer Program
(2) Request to Donate Annual Leave to Leave Recipient (Within Agency) Under the Leave Transfer Program

1. Purpose. To establish and implement guidelines for administration of the Department of the Navy (DoN) Voluntary Leave Transfer Program per references (a) through (c).

2. Cancellation. NASOCEANAINST 12630.3A. Because of numerous revisions, paragraph markings have been omitted.

3. Background. This program was authorized by Public Law 100-566, the "Federal Employees Leave Sharing Act of 1988" and directs the Office of Personnel Management to establish a voluntary leave transfer program that permits Federal employees to donate annual leave for the use of other Federal employees who need such leave because of a medical emergency as defined by this instruction.

4. Definitions

a. Leave Transfer Reviewing Officer (LTRO). Refers to the Civilian Personnel Liaison Officer, Management Support Office, Code 00T, who shall make determinations to endorse or deny requests to donate leave or receive leave transfers and determine when a medical emergency has ended. The LTRO shall keep Department Heads informed.

b. Leave Recipient. A current employee for whom the employing activity has approved an application to receive annual leave from annual leave accounts of one or more leave donors.

c. Leave Donor. An employee whose voluntary written request for transfer of annual leave to the annual leave account of a leave recipient is approved by their employing activity.

d. Medical Emergency. Medical condition of an employee or family member of such employee that is likely to require an

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employee's absence from duty for a prolonged period of time, resulting in a substantial loss of income to the employee for at least 24 hours because of the unavailability of paid leave.

e. Family Member. A "family member" is the following relative of a leave recipient:

- (1) Spouse and parents thereof.
- (2) Children, including adopted children, and spouses thereof.
- (3) Parents.
- (4) Brothers and sisters and spouses thereof.
- (5) Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

5. Application to Become a Leave Recipient

a. An employee who has been affected by a medical emergency on or after 31 January 1989, may make written application, utilizing enclosure (1), through the chain of supervision to the LTRO to become a leave recipient. If such an employee is not capable of making an application, a personal representative of the potential leave recipient may make written application on their behalf.

b. The LTRO shall review applications to become a leave recipient to determine that the potential leave recipient has been affected, on or after 31 January 1989, by a medical emergency and the absence from duty without available paid leave, because of the medical emergency is, or expected to be, at least 24 hours. When a determination has been made by the LTRO, the application is forwarded to Regional Resources Service Office (RRSO) for processing.

6. Notification of Disposition of Potential Leave Recipient's Application. If a potential leave recipient's application is approved, the LTRO shall provide written notification to the potential leave recipient and forward a copy of the application to RRSO. If a potential leave recipient's application is disapproved, the potential leave recipient shall be notified in writing by the LTRO of the reasons for disapproval. A copy of such notification and the disapproved application shall be forwarded to RRSO for record purposes. Such notifications shall be issued to the applicant (or the personal representative who made application on behalf of the potential leave recipient)

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within 10 days (excluding Saturdays, Sundays and legal public holidays) after the date the application was received.

7. Notification of a Need for Leave Donors. All available sources shall be used to publicize a leave recipient's need for donations of annual leave.

8. Application to Become a Leave Donor

a. Potential leave donors shall make written application, utilizing enclosure (2), through the chain of supervision to the LTRO to volunteer to transfer leave.

b. The LTRO shall review applications from potential leave donors and ensure:

(1) Annual leave is available to be transferred.

(2) The amount of leave requested for transfer does not exceed a total of one-half of the amount of annual leave they would be entitled to accrue during the leave year in which the donation is made.

(3) A leave donor, who is projected to have annual leave that otherwise would be subject to forfeiture at the end of the leave year under 5 U.S.C. 6304(a), donates no more than the number of hours remaining in the leave year (as of the date of the transfer) for which the leave donor is scheduled to work and receive pay.

(4) The leave recipient is not the leave donor's immediate supervisor.

When a determination has been made by the LTRO to approve the request, forward the application to RRSO for processing. If the request is denied, a copy of the LTRO's written notification and disapproved application shall be forwarded to RRSO for record purposes.

c. If a leave recipient's medical emergency has to do with a "death and dying" situation involving a serious illness such as Cancer, Aids, Leukemia or complications because of an accident, a written request for a waiver would be considered to raise the limitations on how much leave a donor may give. Such a waiver request shall be submitted along with a physician's certification.

9. Notification of Disposition of a Potential Leave Donor's Application. A leave donor shall be notified in writing of the disposition of their application.

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a. If a leave donor's application is approved, notify him/her in writing of:

(1) Limitations on donation of annual leave. A written waiver to increase the amount of leave is possible when a donor is donating to a leave recipient who meets the criteria established in paragraph 8.c.

(2) The number of hours of their annual leave which will be transferred.

(3) Their entitlement to have a portion of the leave recipient's transferred annual leave restored to their annual leave account at the termination of the leave recipient's medical emergency.

b. If the leave donor's application is disapproved, the leave donor shall be notified, in writing, of the reason for disapproval.

10. Grievance Rights. Non-bargaining unit employees whose applications to become leave recipients or donors have been disapproved may grieve the decision using the DoN Administrative Grievance Procedure (reference (b)). Bargaining unit employees may seek redress under the terms of the appropriate bargaining unit's negotiated contract.

11. Transfer of Annual Leave

a. Annual leave shall only be transferred to the annual leave accounts of DoN leave recipients within the same employing activity, unless the LTRO has determined that the amount of annual leave transferred from leave donors employed by the leave recipient's employing activity may not be sufficient to meet the needs of the leave recipient. Annual leave may not be transferred to a leave donor's immediate supervisor.

b. Approved Authority for Transfer of Leave Outside of the Leave Recipient's Employing Activity. Authority to approve transfer of annual leave from leave donors outside the leave recipient's employing activity or command is delegated to the following officials or their designees:

(1) Head of an Echelon Two command when both employing activities are within the command.

(2) Head of leave recipient's Echelon Two command when the donor is from an activity belonging to another command.

c. Interagency Leave Transfers. Interagency transfers of leave are authorized when:

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(1) A family member of a leave recipient is employed by another agency and requests the transfer of annual leave to the leave recipient.

(2) In the judgment of the leave recipient's employing agency, the amount of annual leave transferred from leave donors employed by the leave recipient's employing agency may not be sufficient to meet the needs of the leave recipient.

(3) In the judgment of the leave recipient's employing agency, acceptance of leave transferred from another agency would further the purpose of the voluntary leave transfer program.

d. Transfer of Annual Leave from DoN Donors to Recipients Employed by Other Agencies. Procedures specified in paragraphs 8. and 9. above shall be followed for DoN donors who wish to donate leave to employees of other agencies. An approved application shall be forwarded by the leave donor to the leave recipient's employing agency, following the procedures established by the employing agency.

e. Retroactive Substitution of Transferred Leave. Transferred annual leave may be substituted retroactively for periods of leave without pay (LWOP) or used to liquidate an indebtedness for advanced annual or sick leave granted on or after 31 January 1989 (the date of enactment of Public Law 100-566).

f. Minimum Amount of Leave for Transfer. The minimum amount of annual leave which may be transferred within DoN is one hour.

12. Termination of Medical Emergency. On termination of a leave recipient's medical emergency, the LTRO shall provide written notification to the leave recipient, donor and RRSO of the termination of the medical emergency. Any transferred annual leave remaining to the credit of a leave recipient shall be restored, by transfer, to the annual leave accounts of leave donors currently employed by a Federal agency and subject to Chapter 63 of Title 5, U.S.C. on the date the medical emergency terminated.

13. Forms. Enclosures (1) and (2) may be reproduced locally.


S. E. BENSON

Distribution:
NASOCEANAINST 5216.1R
List I (Case A)

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LEAVE RECIPIENT APPLICATION UNDER THE VOLUNTARY LEAVE TRANSFER PROGRAM

Optional Form 630 (Modified)
April 1993
U. S. Office of Personnel Management
FPM Chapter 630

1. Applicant's Name (Last, First, Middle) 1a. ☐ Male 2. Social Security No.: 3. Payroll Control No. (From LES):
☐ Female

4. Position Title, Pay Plan-Series-Grade/Pay Level:

5. Payroll Office No.:

6. Name of Organization (Agency, Department, Office, Division, Branch, etc.)

7. Nature and Severity of the Medical Emergency:

8. Individual Affected by Medical Emergency:
(Check One) Employee's
☐ Employee ☐ Family Member

9. Date Medical Emergency Began:

10. Date Medical Emergency ended or is
expected to end:

11. Name of Physician Who Will Verify the Medical Emergency (Attach documentation from the physician (or other appropriate expert)
showing the diagnosis, prognosis and duration of the illness.)

12. What is the Applicant's Leave Balance as of the
End of Last Pay Period? Give Pay Period Ending date.

13. How many hours of Leave Without Pay have been used for this Medical
Emergency?

14. Does the Applicant want a description of the Medical Emergency Distributed to Servicing Personnel Offices so that other employees may
donate leave to the Account? ☐ Yes ☐ No

Does the Applicant want a description of the Medical Emergency Published in the Activity Newspaper so that other employees may
donate leave to the Account? ☐ Yes ☐ No

If "YES" to either or both questions, provide the description below.

Check if Applicant does not wish to have his/her name used with the description or disclosed to anyone except his/her supervisor,
supervisory channel and the deciding official, and individuals who maintain the program. ☐

15. Name of Individual completing the application:
(If applying on behalf of the Applicant)

Relationship to Applicant: Telephone No.:

16. I certify that the above statements are true.

Signature of Applicant or person applying on behalf of applicant Date Signed

Privacy Act Statement: Participation in this program is voluntary; however, solicitation of this information is authorized by P. L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the application to become a leave recipient. It may also be disclosed to a National, State or Local law enforcement agency where there is an indication of violation or potential violation of civil or criminal law, rule or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number (SSN). Furnishing the SSN, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application.

17.

18.

19.

First-level Supervisor Recommendation
Signature, Date Signed

Department or Office Head Recommendation,
Signature, Date Signed

Approval Official Decision,
Signature, Date Signed

Enclosure (1)

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**REQUEST TO DONATE ANNUAL LEAVE TO LEAVE RECIPIENT
(WITHIN AGENCY) UNDER THE LEAVE TRANSFER PROGRAM**

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance

of unused leave remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to Chapter 63 of title 5, U.S.C., on the date the medical emergency terminates.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Privacy Act Statement

This program is voluntary; however, solicitation of this information is authorized by P.L. 100-566 (October 31, 1988). The information furnished will be used to identify records properly associated with the leave donation. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Executive Order 9397 (November 22, 1943) authorizes the use of the Social Security Number (SSN). Furnishing the SSN, as well as other data, is voluntary, but failure to do so may delay or prevent action on the request to donate leave.

TO BE COMPLETED BY LEAVE DONOR

1. Name (Last, First, Middle Initial) 2. Social Security No. 3. Payroll Control No.

4. Position Title, Pay Plan-Series-Grade/Pay Level 4a. Payroll Office No.

5. Name of Organization (Agency, Department, Office, Division, Branch, etc.)

6. Amount of Annual Leave as of
the Last Pay Period :
(Give Pay Period Ending Date)

7. Amount of Leave Projected to Forfeit
this Leave Year as of the End of the
Last Pay Period:

8. Amount of Annual Leave to Be Transferred:

9. Individual's Name or Identification
Number to Whom Leave is Being
Donated and Employing Activity:

10.

11.

Signature of Applicant Date

Signature of Deciding Official Date

Optional Form 630 A (Modified) April 1993
U. S. Office of Personnel Management
FPM Chapter 630

Approved/Disapproved (Circle One)

Enclosure (2)